



TRINITY CHRISTIAN SCHOOLS

"I can do all things through Christ who strengthens me." Philippians 4:13



Trinity Christian Schools
RETURNING STUDENT REGISTRATION
2017-2018

Student Name: _____

Student Name: _____

School Year: _____ Grade: _____

School Year: _____ Grade: _____

Student Name: _____

Student Name: _____

School Year: _____ Grade: _____

School Year: _____ Grade: _____

Father's Name (Print): _____

Father's Email: _____

Father's Cell Phone #: _____

Mother's Name (Print): _____

Mother's Email: _____

Mother's Cell Phone #: _____

Billing Address _____

City, State, Zip _____

Home Phone # _____

REGISTRATION FEES:

EARLY REGISTRATION (Feb. 1st~ 15th) \$150.00
REGISTRATION (after Feb. 15th) \$200.00

Registration fees are NON-REFUNDABLE. Make checks payable to "TCS" or attach cash.
Registration Fees CAN NOT be billed to the student's account.

Please initial your choice of payment plan: (See rate sheet)

- Year Paid in Full (Sept. 1st)
Two Payment Plan (Sept. 1st & Feb. 1st)
Ten Payments (Sept. 1st - June 1st)

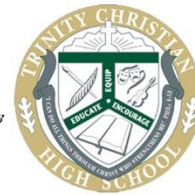
Office Use Only

Cash Check # _____ Amount\$ _____ Date: _____ Int. _____



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Trinity Christian Schools Family Commitment

We have read and understood Trinity Christian Schools' Philosophy of Education, which are set forth in the Student Handbook. We are in agreement with the Biblical beliefs expressed in the School's "Philosophy of Education."

We understand that in choosing a Christian setting for the education of our Trinity Christian Schools believe that is important for us to be responsible to establish and maintain a home and life environment which will support the Biblical teachings and beliefs of Trinity Christian Schools. We agree that our role as parent/legal guardian is crucial to the academic growth and success of our child and we will seek to be an example of beliefs taught by Trinity Christian Schools. We, as parents, accept the challenge to train up a child in the way he or she should go (Proverbs 22:6), and we do state that this training will be carried on in the home. We place our trust Trinity Christian Schools to extend that training more completely.

We understand that in an era where images of family relationships and personal sexuality are often confused and distorted, Trinity Christian Schools believes that it is important to teach and model the biblical view. We understand that Trinity Christian Schools teaches with an age-appropriate curriculum, that sexual intimacy is intended by God to only be within the bonds of marriage between one man and one woman, and that it is in the context of a loving marriage between one man and one woman that God intends children to be born and raised. We acknowledge that we have been informed about Trinity Christian Schools' policy and we agree to cooperate with Trinity Christian Schools in seeking to achieve its objectives in this regard.

We recognize that, as parent of a child at Trinity Christian Schools we will be given opportunities to participate in the education of our child through presence on the school campus, or involved in school activities.

We recognize that Trinity Christian Schools believes that the words and conduct of adults within the school setting can have an important influence on the growth and development of the students, and the ability of Trinity Christian Schools', to achieve its spiritual and academic view and objectives, and we agree that we will support them, both in word and deed, while on the school campus, or involved in school activities.

We hereby state that we have made a thorough investigation of the Trinity Christian Schools' program, curriculum, discipline, dress code, policies and procedures and we agree to make them our glad-hearted choice for the coming school year. We agree to abide by them and support the school in the established rules and regulations. We understand that failure of the parents or child to comply with the established regulations and discipline, or failure to meet financial obligations will forfeit the student's privilege of attending Trinity Christian Schools.

Unresolved issues will be taken care of by using Trinity Christian Schools' "chain of command" (1/Teacher, 2/Administrator, 3/ School Board).

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Father's Signature: _____ Mother's Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

(If Applicable)

Step-Mother: _____ Step-Father: _____

Print Name: _____ Print Name: _____

Trinity Christian Schools Family Commitment (con't.)

We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the high academic standards of Trinity Christian Schools by providing a place at home for our children to study, and to give our child encouragement in the completion of homework assignments.

We will faithfully support Trinity Christian Schools through our prayers and positive attitude, and in keeping with Matthew 18:15 we are committed to giving a good report by sharing any complaints and negative comments only with the people involved.

We believe that discipline is necessary for the benefit of each student as well as for the entire school. We give permission to the teachers and administration to make and enforce regulations in a manner consistent with Christian principles and disciplines as set forth in the scriptures (Proverbs 13:24; 29:15 and 17; Colossians 3:20; Hebrew 12:5). We further agree that we will cooperate and discipline our child in the home as needed. We further agreed to abide by the Discipline Plan set forth in the Trinity Christian Schools' Handbook.

We pledge that if, for any reason, our child does not respond favorably to the Trinity Christian Schools, we will do everything in our power to cooperate with the Trinity Christian Schools to help make necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child. We agree to pay our tuition on or before the first of each month beginning with the 1st of July and continuing for 12 months. We understand that a late charge will be added to my monthly amount, if payment is not made by the 10th of the month. We understand that failure to pay can result in the dismissal of my child from school. We further understand that there is an added charge for returned checks and for early drop off and late child pickup. It is the policy of Trinity Christian Schools to make no refunds of fees or tuition payments once a child has been accepted for enrollment, or if a student is expelled.

We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse of other personal property caused intentionally by any student.

We will support Trinity Christian Schools by involvement in Parent-Teacher conferences, Open house, Parent-Teacher Fellowship activities, workdays, and other school sponsored meetings and activities.

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Father's Signature: _____ Mother's Signature: _____

Social Security # (required): _____ Social Security # (required): _____

Date: _____ Date: _____

(If Applicable)

Step-Mother: _____ Step-Father: _____

Print Name: _____ Print Name: _____

Single Parent Addendum (If Applicable)

I, as the registering parent, have signed the above Family Commitment from Trinity Christian Schools. I understand it is my responsibility (not the School's) to notify the other parent that he/she must also sign this Family Commitment to communicate with Teachers, Administration, and the Office Staff with regards to our student.

Parent Signature: _____ Date: _____



T.C.S EMERGENCY INFORMATION

Home phone # _____

Student: _____
 Last First Middle Initial Gender Grade Date of Birth

Student: _____
 Last First Middle Initial Gender Grade Date of Birth

Student: _____
 Last First Middle Initial Gender Grade Date of Birth

Address: _____ **City:** _____ **Zip:** _____

Father's Email: _____ **Mother's Email:** _____

Student resides with: (circle) Both parents Mother Father Other Primary Language spoken in the home: _____

List the contacts in the order to be called after parents for daily pick-up, illness, injury, and emergencies.

Contact First: (circle) Mom Dad

Mother/Guardian: _____
 Name Home # Work # Cell #

Father/Guardian: _____
 Name Home # Work # Cell #

Name Daytime Phone # Cell Phone # Relationship to child

Name Daytime Phone # Cell Phone # Relationship to child

Name Daytime Phone # Cell Phone # Relationship to child

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Name Daytime Phone # Cell Phone # Relationship to child

1. Should a serious illness or an accident occur and school personnel are unable to contact the parent(s)/guardian(s) permission is hereby granted for medical care to be given as required (the undersigned parent/guardian will pay any fee involved).
 Parent/Guardian Signature: _____ Date: _____

2. What health problems/allergies does this student have? _____

We authorize the school secretary/staff to give Tylenol when necessary. Circle: YES NO
 May we publish your address/telephone number for TCS/TCHS use? ___ Yes ___ No